



ANNUAL REPORT 1959 - 1960

PRESBYTERIAN-ST. LUKE'S HOSPITAL

PRESBYTERIAN-ST. LUKE'S HOSPITAL, CHICAGO



ANNUAL REPORT

SEPTEMBER 1, 1959 THROUGH AUGUST 31, 1960

PRESBYTERIAN-ST. LUKE'S HOSPITAL
1753 West Congress Parkway, Chicago 12, Illinois

INCORPORATED 1956
(St. Luke's Hospital Founded 1864)
(Presbyterian Hospital Founded 1883)

AFFILIATED WITH THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

APPROVED BY
The Joint Commission on Accreditation of Hospitals
The American Medical Association for Internship and
Residencies for Physicians
The Department of Registration and Education, State of Illinois

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The Illinois Hospital Association
The Chicago Hospital Council
The Blue Cross Plan for Hospital Care

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The Illinois State Chamber of Commerce
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The Chicago Community Trust

A Community Fund Agency

SCHOOL OF NURSING
Accredited by The National League for Nursing

PRESBYTERIAN-ST. LUKE'S HOSPITAL

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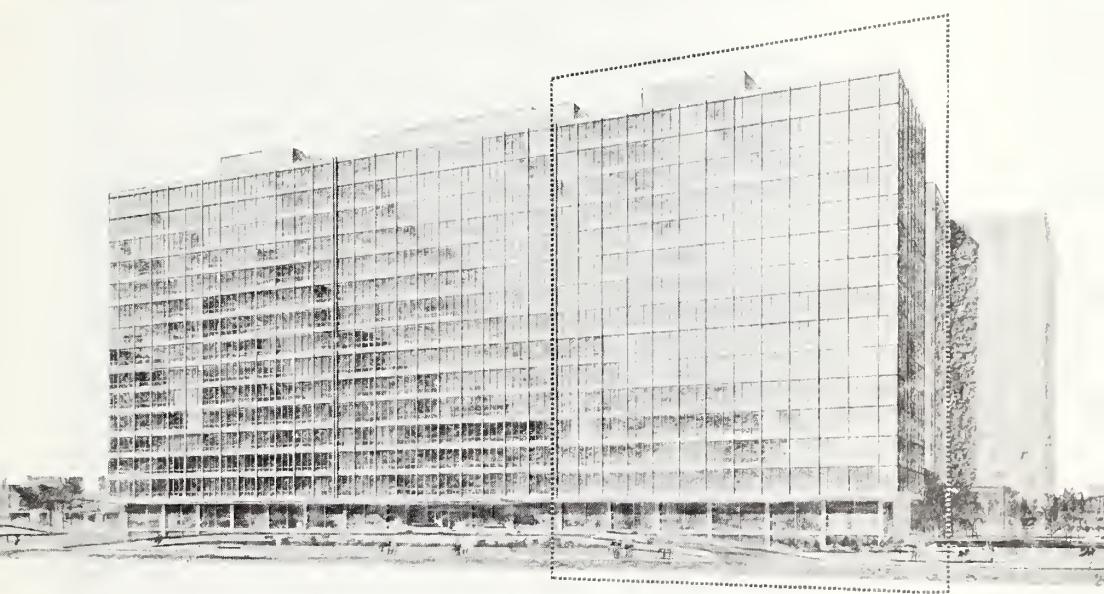
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THE ULTIMATE PLAN . . . Architect's rendering of
15-story block-long building on West Harrison Street.
Dotted line indicates the Jelke Memorial Building,
nine floors of which have been completed.





HAROLD J. NUTTING
Chairman

Major goals established; responsibility accepted . . .

THE NEXT STEP-ACHIEVEMENT

As Chairman of the Board of Trustees of Presbyterian-St. Luke's Hospital, I wish to salute and congratulate the medical, administrative and nursing staffs of the hospital, as well as the Woman's Board, for the successful accomplishments achieved during the first year since the physical merger. The trustees realize that there are still many hurdles ahead of them before attainment of the goals and objectives they have accepted for the hospital, but they look ahead with great courage, enthusiasm and confidence that these goals and objectives can and will be reached.

During the past year, the trustees, medical staff and administration have accepted some long-range objectives and plans for the hospital. The major goal is that Presbyterian-St. Luke's Hospital will provide the very best in patient care and attain a position of preeminence as a medical center, not only in the Chicago area but also in the medical community at large while, at the same time, not losing its identification as a top ranking community hospital.

As a metropolitan medical center, we can and should take a leading role in advancing the standards of patient care in the fields of medical science, medical care and hospital administration. Within this concept, we should provide a better level of specialized facilities and services than is possible to provide economically in every voluntary general hospital.

In order to reach these major goals and objectives, the Board of Trustees has accepted the responsibility to support and expedite all phases of the hospital's operations that will contribute to achieving these goals.

Specifically and briefly, these responsibilities are as follows:

1. To establish Presbyterian-St. Luke's Hospital in a position of leadership in making available to the population of metropolitan Chicago and to the medical community at large the full benefits of progress in medical science and medical care.

2. To serve as a metropolitan medical center to which patients with unusual or difficult medical problems may be referred when they require specialized facilities and services not available in every voluntary general hospital, in addition to our normal services to the community.
3. To develop a superior program of acute patient care in the most economical manner and to the extent that patients are willing and able to pay for the services provided.
4. To develop strong medical teaching programs through an integrated program with the College of Medicine of the University of Illinois.
5. To develop strong teaching programs in nursing and other professions and technical skills to assure the availability of qualified professional and hospital personnel.
6. To participate broadly in programs of research which contribute directly or indirectly to the improvement of medical science and medical care within the limits of available talent, facilities and financial resources.
7. To serve the community by making available, to the extent that resources permit, medical care to the needy regardless of race, creed or nationality.
8. To operate the hospital on a sound fiscal basis so that proposed programs and facilities give proper recognition to the hospital's ability to finance the operating and capital costs involved.
9. To develop financial resources capable of supporting a progressive program but more important, to have an attitude of determination to develop financial resources to meet whatever needs might be presented as a result of the dynamic nature of the endeavor.
10. To foster and develop among all hospital personnel a recognition that the needs of the patient are paramount and that a humanitarian environment is essential to good patient care.

The trustees solicit the support of everyone involved in the affairs of Presbyterian-St. Luke's Hospital, regardless of responsibility, to help us achieve these major objectives at the earliest possible date.



JOHN P. BENT
Vice Chairman

**Dedicated people and
unprecedented progress . . .**

OUR "WEST SIDE STORY"

One year ago this report stated, "There is no time to relax and take progress for granted. We must all work with renewed vigor." It is therefore most heartening to review the accomplishments of the past twelve months and to recognize particularly the combined efforts of the Woman's Board, the Medical Staff and the Trustees in attracting the necessary funds to make possible the next steps.

The dramatic appeal of *our* "West Side Story" has resulted in new gifts totalling more than \$2,500,000. Generous bequests for capital purposes added in excess of \$500,000. This permits the start of the center portion of the 15-story block-long building on Harrison Street between Paulina and Wood Streets. Already the nine story Jelke Memorial Building is completed and houses the most modern surgical suites as well as clinical and research laboratories. Due to these recent additions to capital funds, just to the west of the Jelke Building there will be added the foundations, basement and at least the first two floors of a structure that will provide the type of out-patient department and clinic facilities befitting the quality of our plans.

All this is possible because a few dedicated people undertook to tell the story of the hospital and its needs to individuals, to industry and to foundations. This is hard, painstaking, and often disappointing work but it is the only way by which the "Master Plan" can be attained. Such gifts are usually non-recurring and thus it behooves all of us to probe continually for new sources of funds interested in creating the type of building and equipment that medical manpower can use to re-establish Chicago's leadership in medical treatment and patient care.

Hospitals offer a more diversified opportunity for lasting memorials or for living recognition than almost any other means. Presbyterian-St. Luke's is the only private hospital in the great West Side Medical Center and thus we play a unique and important

role. We are, in effect, a citadel to the private practice of medicine surrounded as we are by county, state and federal institutions. It becomes all the more challenging to maintain our leadership by continuing to interest private sources for required capital development.

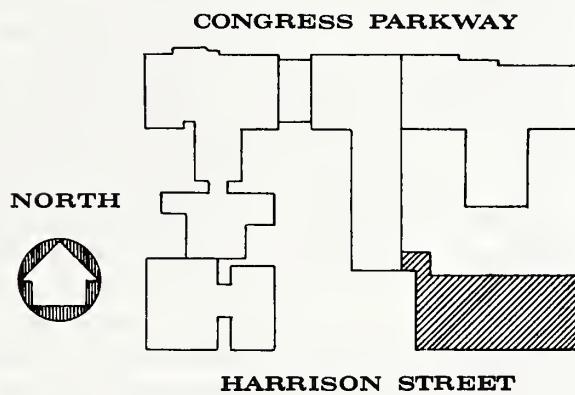
No future building can be undertaken unless known funds are in hand. This is the true significance of the fine work done during the past year by the varied groups. Together they have made possible real progress. The sincere gratitude of the Board is due each of these individuals. Now it remains to find more funds to provide the equity for the new 80 unit apartment building and to carry the center section of the block-long building to the full nine floors of the adjoining Jelke Building. At a later date six floors of hospital bedrooms can rise on top of these two structures.

So much for the material side. Operationally, the hospital is stronger than ever. Under the able leadership of Mr. Herbert P. Sedwick there has developed a management team that is destined to become one of the best in the country. With complete knowledge of the Medical Staff, this team has succeeded in setting up standards of occupancy, of service, of quality, of understanding, of cooperation, of financial stability that today is unusual in the hospital field. This job has not been easy and again the Board of Trustees is grateful to the dedicated men and women who create the reputation of the hospital in the community. The following reports from administration and division heads highlight this accomplishment.

Add to all this the reports of the Medical Staff, the Woman's Board, and the Medical Staff Auxiliary, as written by their presidents, and you begin to realize the reason for such wonderful progress—physically and personally—during the past year. It is a story of people banded together to gain a common goal—that of creating here in Chicago a private medical and health center that is foremost in the country. To accomplish this end the continued interest and support of all our friends is most essential.



DEDICATED PEOPLE AND UNPRECEDENTED PROGRESS
MADE THIS POSSIBLE—THE JELKE MEMORIAL BUILDING.



HOSPITAL ORGANIZATION (September 1, 1960)

ADMINISTRATION

NORMAN A. BRADY, *Director*

JAMES R. KELLY

Administrative Assistant

MISS EVELYN JIROCH

Administrative Assistant

MISS JANE WHEELER WARREN

Director, Public Relations

MISS GLENNETTE WOODARD

Director, Volunteer Services

HERBERT N. BROCKWAY, D.D.

REV. WILLIAM A. WAGNER

Hospital Chaplains

LOUIS W. SHERWIN, D.D.

Chaplain Emeritus

JOHN E. MILTON, *Associate Director*

CLARENCE C. TRAUM

Administrative Assistant

LOUIS GDALMAN

Director, Pharmacy Services

GORDON F. CRAIGHEAD, JR.

Director, Division of General Services

MRS. MARTHA CZOSEK

Acting Manager, Housekeeping Services

WILBUR A. MULLIN

Manager, Plant Facilities

MISS E. VIRGINIA PINNEY

Director, Department of Food Service

HENRY C. STUECHER

Manager, Laundry Services

RICHARD L. DURBIN

Director, Division of Out Patient Services

MISS SALLY FOSTER

Director, Medical Social Service

MRS. MARCELLA KURTZ, R.N.

Clinic Supervisor

MISS ADA QUINNELL, R.N.

Assistant Director, Nursing Service

JAMES J. HERMAN

Director, Division of Administrative Services

FRANK A. LYNCH

Administrative Assistant

MISS ELIZABETH PRICE

Director, Medical Records

JOHN B. KING

Director, Personnel Relations

VERN C. KARMANN

Manager, Employment Services

DAVID L. JACOBS

Manager, Personnel Training

MISS EDITH D. PAYNE, R.N.

Director, Division of Nursing

MISS EUNICE LENZ, R.N.

Associate Director, Nursing Service

MISS BLANCHE I. UREY, R.N.

Associate Director, School of Nursing

FINANCE

JOHN R. WALSH, *Controller*

MELVIN H. HEIDEN

Assistant Controller

MATTHEW BOCHENEK

Chief Accountant

NORMAN L. SWANSON

Business Manager

MISS MARGARET TAYLOR

Administrative Assistant

RICHARD B. FREIBRUN

Manager, Systems and Procedures

JOHN T. McNULTY

Fund Accountant

DONALD P. SCALZO

Director of Purchases



NORMAN A. BRADY
Director

REPORT OF THE DIRECTOR

Presbyterian-St. Luke's can look with pride at the progress and achievements made in the past year. The post-merger activities during the period ending August 31, 1960 included continued new construction and additional modernization of the older facilities, more stabilized financial operations, and management studies. As a result, a sound base has been established to move forward in a well-defined program for development.

The modernization in the older buildings included two new air-conditioned nurseries especially equipped to care for premature infants, specially designed laboratory facilities in the Out-Patient Department to serve private patients, and completion of the new Pharmacy.

The Decorating Committee of the Woman's Board planned, supervised and financed several major redecorating projects. Among these were the main lounges of the School of Nursing, Patients' Library, the House Staff Lounge, draperies for patients' rooms, Food Service Administrative Offices, and Out-Patient Department. The work of this Committee has been of tremendous help to the administration in attractively completing projects that could not otherwise be achieved.

The completion of the new Jelke Memorial Building provides much needed space for surgery, biochemistry, pathology, microbiology and clinical laboratories. The lower two floors will be used for the future physical expansion of the out-patient services.

It was possible during the past fiscal year to bring personnel and other hospital expense within budget and thus maintain a sound business operation. The pattern has thus been set for continued stable financial operations.

Further improvements in our employee relations program have reflected increased morale and better service. A minimum wage of \$1.25 per hour was established in November 1959 and increases were made in the salary scales of other personnel. Employee

benefits now approximate 22% of total payroll. A full-time training manager was appointed to the Personnel Department and initial training courses emphasized courtesy, supervisory training, problem handling, and safety procedures. It is believed this program will reduce employee turnover and improve patient care.

Management surveys conducted during the past year recommended more coordination of all hospital activities and the reorganization of the hospital into the following divisions:

- Division of Medicine
- Division of Surgery
- Division of Obstetrics and Gynecology
- Division of Pathology
- Division of Radiology and Nuclear Medicine
- Division of Out-Patient Services
- Division of Adjunct Services
- Division of Nursing
- Division of Personnel Relations
- Division of Administrative Services
- Division of General Services
- Division of Religious Ministry

With specially qualified individuals directing each division, and coordinated through good administrative communications, more effective hospital services will be achieved.

The volunteer service has expanded still further its activities to improve patient care. Twenty-four departments of the hospital were served by volunteers with hours of service totaling 31,963. Patients have expressed great appreciation for the reassurance and consolation offered by the volunteer hostesses who give attention to patients in the lobby and in the x-ray waiting area. The personal service by many members of the Woman's Board has been a great support to the volunteer program.

The chaplaincy service of the hospital has been expanded into a Division of Religious Ministry to meet the needs of all groups within the hospital—patients, student nurses, and personnel. We have two full-time hospital chaplains—one Presbyterian and one Episcopalian. Arrangements have been made to facilitate visits to patients by clergymen of other faiths.

The hospital has developed a disaster plan that has been produced in manual form. This is the result of many months of work by a committee of the medical staff, and in practice routine has been well supported by house staff, nursing staff and service employees. Two smooth functioning rehearsals have been held, and should a disaster occur in the community, a plan with trained personnel can be effectively used.

Despite the achievements of the past year we are looking forward to the challenging goals ahead in our development program and to the addition of hospital services yet required to fully meet the needs of our patients. The major goal is an expanded Out-Patient Services Department with adequate facilities for every patient need, and following that consideration will be given to other urgent projects to be accomplished in our projected construction program.

As we continue in a program for improved physical facilities, our thanks go to all personnel of the hospital whose efforts have been directed successfully toward improvement in patient care and patient satisfaction.

DIVISION OF MEDICINE

JAMES A. CAMPBELL, M.D., *Chairman*

In a Division which is as comprehensive as that of Medicine, a proper annual summing up is difficult at best. Therefore, this first year's report will mention the more significant statistics and highlights of the activities of the units.

The total membership of the attending staff in the Division numbers 123. 82 are in the Department of Medicine, 16 in Pediatrics, 17 in Neuropsychiatry, and 8 in Dermatology. These physicians admitted 10,711 patients to the hospital, where they





received 147,603 days of care. This staff also rendered care for 34,394, or 53.7%, of the patient visits in the clinics of the outpatient department. Ancillary service units within the Division performed 491,239 tests or determinations.

The staff as faculty members provided in excess of 13,100 hours of instruction to undergraduate medical students and an almost incalculable number of hours of help, advice, and counsel to house officers, fellows, nurses, and technicians.

Research within the Division continues to be productive of both new ideas and applied results. Extramural support of project research this year amounted to \$300,704, and 56 papers were published from the Division.

As an addition to the area of patient care, the Division of Medicine established a Medical Observation Unit during the summer of 1960. This unit, located on 2 East Pavilion, provides accommodations for persons less seriously ill who may be admitted to the hospital for diagnostic tests or evaluation of therapy at a considerable saving to such patients and with decreased requirements in hospital personnel. It is proving a successful experiment both for patients and staff and serves as a pilot study for the development of similar future patient care facilities.

Our most unfortunate area in patient care continues to be Physical Therapy which, despite poor location, restricted facilities, and fewer personnel, continues to perform magnificently. It is lamentable that we must report 7,100 fewer treatments this year when we should be reporting an increase in this type of specialized patient service.

Laboratories within the Division continue to produce greater volumes of both service to patients and of research. The acute needs for increased laboratory space will in some measure be met by the opening of the third floor of the Jelke Building and the space vacated on the fourth floor of the Senn Building. Nevertheless, no laboratories have as yet been projected for Pediatric and Neurologic research, and if these departments are to realize and

serve their proper function within our modern medical center hospital, planning and provision for such laboratories must be accomplished promptly.

Adequate personnel for our laboratory areas is our most important problem. Not only is there great difficulty in recruitment of technical personnel but also there is a tremendous competition for medical investigators and supervisors for both service and research laboratories. As an expedient in the course of events, service to patients always supersedes research. As a crash program to accomplish the merger, this was acceptable *pro tempore*. However, if research is not reestablished as a full partner with teaching and service, our long-range goals, including that of leadership in patient care, will suffer appreciably. At the writing of this report, we have four major professional vacancies, including the Chairmanship of Pediatrics, for which funds have been budgeted within the Division.

A word or two should be mentioned about the teaching programs within the Division. This year, interested visitors from other hospitals and medical schools have been more numerous than ever before. Some, such as England's Sir Hans Krebs, the first Ames Lecturer, have been here to present new research and ideas to us. Others have come to learn from us; in this group, many have been here to study our methods of teaching medical students and house officers in relation to private patients. The success of this venture continues to be measured by the increase in calibre and competence of the staff of resident physicians in the Division. To be regretted, however, is the fact that so few of our residents remain here to become members of our attending staff after they have completed their training. Unless this situation changes, our hospital will suffer. As in industry, government, or other enterprise, young talent is to us a most valuable and important item.

This annual report is, then, a brief summary of the paradoxes which result from looking at the record. On one hand, we point with great pride; on the other, we view with alarm. All in all, the upward direction of progress in the Division is clear, but none of us is satisfied with the *status quo*, and we all hope to show new gains in the year ahead.

DIVISION OF SURGERY

EDWARD J. BEATTIE, JR., M.D., *Chairman*



The Hospital year, September 1, 1959 through August 31, 1960, represented the first full year of operation in the new Presbyterian-St. Luke's Hospital. This report will indicate some of the highlights of this eventful year and the areas of growth in the Division of Surgery.

During the year, 13,209 operations were performed. This is somewhat lower than both Operating Rooms performed prior to the physical merger. However, a proportion of these cases, in the form of proctoscopies, cast applications, and minor surgery, were transferred to the Examining Room area and a certain proportion of the decrease in operations was because of shortage of Operating Room facilities. With eight new Operating Rooms in the Jelke Memorial Building, this condition should be improved and it should be possible to do an increased volume of surgery.

Improved personnel benefits were established to recruit more nurses for the Operating Room. The extra effort to recruit nurses has resulted in securing twenty-five new graduate nurses for the Operating Room. Now there are over forty nurses in the Operating Room, exclusive of supervisors, which is the number needed to staff the expanded facilities. A weekly in-service training meeting for all Operating Room personnel was begun and increased attention will be given to the education of technicians.

SURGICAL OUT-PATIENT CLINIC

Prior to the physical merger total visits to the Central Free Dispensary for 1958-1959 were 67,302. Last year this rose to 70,374 in the merged clinics. It becomes apparent that all of the Morton Clinic clientele did not transfer to the new Presbyterian-St. Luke's Hospital. In the year 1958-1959 there were 4,814 new patients seen in the Central Free Dispensary. In the year 1959-1960 this number increased to 5,544; hence, there was a 15% increase in new patients in the clinic.

Total clinic visits in the Surgical Division rose from 24,533 in the previous year to 28,853 in the year 1959-1960. General Surgery in the previous year had 440 new patients whereas the year 1959-1960 had 539. This represents approximately a 20% increase. However, the total General Surgical Clinic visits for 1959-1960 fell to 4,263. This represents an approximate 8% decrease in total General Surgical visits, and reflects the lack of proper growth of the General Surgical Clinic to provide medical student teaching cases and supply the necessary surgical cases for our House Surgical Service. New clinic facilities are urgently needed.

EMERGENCY AND EXAMINING ROOM

The Emergency Room was officially transferred to the administration of the Department of Surgery in July 1960. This area has not rendered optimal patient service in the past but it is hoped that the area will be improved both administratively and physically in the near future. Emergency care of fractures of the skeletal system have been assigned to the Orthopedic Department. A roster of General Surgeons—two per month—has been assigned to the Emergency Room: Doctors William C. Brennan, Frederic A. dePeyster, Arthur E. Diggs, Steven G. Economou, Ronald G. Haley, Russell C. Hanselman, Robert W. Jamieson, Robert J. Overstreet, Eudell G. Paul and William D. Shorey.

In the Emergency Room and Examining Room for 1959-1960 a total of 45,712 visits occurred. In this period there were 8,319 visits in the Emergency Room or approximately 700 per month. Of this number, 1,594 were admitted to the hospital. Over 5,000 minor surgical procedures per year are being performed in this area. It is also noted that over 80% of the patients seen in this area are Examining Room patients. This tends to submerge the function of the Emergency Room and highlights the necessity for moving the Examining Room facilities so that proper expanded Emergency Room functions can be performed.

SURGICAL RESEARCH

In the Surgical Research Laboratories during the year 1958-1959, 1,046 experiments were carried out. Last year, 1,214 experiments



were performed, showing an increase of 20%. Laboratory facilities have reached their saturation point. An increased number of experiments can not be done unless the facilities are expanded. It is contemplated that with the opening of the Jelke Memorial Building, the 7th floor Rawson area will be released to the Division of Surgery for expanded research facilities. This should increase our potential for research some 30%. As a policy, more outside grants are being sought, especially grants which can add stipends for research to the regular House Staff stipend in surgery. A policy of fostering residents' visits to national meetings is being pursued. All residents within the Department of Surgery will be expected to complete or to write a paper per year.

The Research Club of the Hospital was formed last year under the auspices of the Research and Education Committee. A quarterly publication will be inaugurated in the near future to publish the proceedings of the research meetings. The purpose of the Research Club is to acquaint the entire Presbyterian-St. Luke's community, including personnel and trustees, with the research work completed or in progress at the hospital and to stimulate further interests in research.

STUDENT CLERKSHIP PROGRAM

Dr. Frederic dePeyster is responsible for organization of the Medical Student Clerkship Program. Several changes have been made based on the experience of the year 1958-1959. It is felt that the personal contact between the Faculty and the surgical student can be improved. The curriculum at the University of Illinois has been changed so that during the third year the medical student now has three twelve-week clerkships in Medicine, Pediatrics and Surgery. The new fourth year, which will not begin until June 1961, will be a continuous four quarter session. The out-patient experience will be a twelve week clerkship with integrated Surgery, Medicine and Specialties. A second quarter will be split between

Surgery and Medicine. The Surgery will be a six week clerkship in Orthopedic Surgery. There will be an elective quarter where the students may take various courses. Surgical research and other surgical opportunities will be offered in this quarter. The final quarter will be Obstetrics and Gynecology.

The clerkship for the coming year has been changed within the Surgical Division so that senior clerks will spend three weeks of their time in the Surgical Out-Patient Services, three weeks in Orthopedics as an integrated In-Patient-Out-Patient Service, three weeks in Anesthesia in the Operating Room and one and one-half weeks each in an integrated Eye In-Patient-Out-Patient and ENT In-Patient-Out-Patient Service. Our new Surgical Anatomy Laboratory opens soon in the Jelke Building basement. This will give improved opportunities to Surgical Clerks and Residents to learn surgical anatomy. This facility is supervised by Doctors Arthur E. Diggs, Stanley E. Lawton, and Ronald G. Haley.

The Junior Clerk program has been improved. Six weeks of the Junior Clerkship are assigned to a General Surgical Service; the other six weeks are divided into two-week periods of Urology, Cardiovascular and Thoracic or Neurosurgery.

SURGICAL INTERNSHIP

Of the thirteen periods of the Internship, five periods have been spent in the Surgical Division. Formerly the Interns spent three months on General Surgery and two months on Specialty Surgical Services. On July 1, 1960, the program was modified so that each Intern spends two periods on a Private General Surgical Service plus one period either on the House Service or Thoracic Service. The other two periods are spent on Anesthesia, Cardiovascular, Gynecology, Orthopedics, Otolaryngology, Plastic or Urology. The Intern is required now to spend too much time in the Operating Room and a system is being inaugurated so that Interns will be freed 50% of their time for patient care.

The Department of General Surgery includes General Surgeons and has, additionally, Sections of Cardiovascular Surgery, Plastic Surgery, and Thoracic Surgery. The respective Heads of these

Sections are Doctors Ormand C. Julian, Paul W. Greeley and Robert J. Jensik. The General Surgery Section was comprised of four Private Services with Co-Service Chiefs: Doctors Egbert H. Fell and John T. Reynolds, Service I; Doctors R. Kennedy Gilchrist and Burton C. Kilbourne, Service II; Doctors Francis H. Straus and E. Lee Strohl, Service III; and Doctors Stanley E. Lawton and Foster L. McMillan, Service IV.

Service cases from the dispensary and Staff Clinic were placed on a newly organized House Service this past year. The House Service cases were supervised by two surgeons per month from the Attending Staff: Doctors Raymond E. Anderson, Carl Davis, Jr., Frederic A. dePeyster, Steven G. Economou, Vernon L. Guynn, Robert W. Jamieson, Steven Nyi and William D. Shorey.

In Cardiovascular-Thoracic Surgery it is our plan to have a two-year approved training program wherein the men will spend six months at the Chicago State Tuberculosis Sanatorium, six months as Fellow in Thoracic Surgery at our hospital, followed by six months as a Junior and six months as Senior Fellow in Cardiovascular surgery here. It is also planned to have these men work on research projects and in the physiology laboratories.

Our Plastic Surgery training program has been the only approved program in Chicago and has been sought after eagerly. The program accepts men with three years of General Surgical training and provides two years of Plastic Surgical training—the first year at Presbyterian-St. Luke's, the second at Research and Education Hospitals.

In addition to the Department of General Surgery, the Division of Surgery includes the following departments: Anesthesiology, Dental and Oral Surgery, Neurological Surgery, Ophthalmology, Orthopedic Surgery, Otolaryngology and Bronchoesophagology, and Genito-Urinary Surgery.

In the Department of Anesthesiology every effort has been made to bolster the Anesthesia Staff with Board qualified personnel. There are at present nine Board qualified anesthesiologists on the Staff, three of these being added during the past three years in order to firm up the resident teaching program and to insure a continuing full residency program.

This past year the department administered a total of 13,388 anesthetics. Research has consisted of investigation of sterilization of Anesthetic equipment; and a method of insuring the sterilization of laryngoscopic blades was developed. Also, a respiratory stimulant, "Vandid," was evaluated clinically.

In November 1959 a Photocoagulator was purchased for \$12,000 from the Emma Sommers Ophthalmological Fund. This equipment was installed in the minor surgery room of the Eye Clinic and has proven valuable for special ocular conditions such as retinal tears and degeneration without retinal detachment, certain retinal tumors, and a few cases of retinitis proliferans. There is only one other instrument of this type in the Chicago area.

The Department of Dental and Oral Surgery moved into its newly remodeled quarters on the second floor of the Rawson Building at the beginning of the year. The number of clinic visits for the first year was 510.

DIVISION OF OBSTETRICS AND GYNECOLOGY

HARRY BOYSEN, M.D., *Chairman*

It is gratifying to make a report of the activities of the Division of Obstetrics and Gynecology at the end of the first full year of operation following the integration of Presbyterian and St. Luke's Hospitals. We feel that the merger was accomplished with the minimum of hardship to the patients and the nursing and medical staff. I am sure I speak for the entire Obstetrical and Gynecological staff when I say that we are very appreciative of the fine facilities furnished us by the Trustees, the Woman's Board and by the Hospital Administration, and very grateful for their generous cooperation. We are looking forward to continued improvements and expanded growth and development in all areas.





Following is a resume of the clinical activities of the Division:

INPATIENTS

1. Number of Gynecology patients	1,200
2. Number of inpatient days	7,589
3. Number of Obstetrical patients	3,499
4. Number of inpatient days	16,467

OUTPATIENTS IN DISPENSARY

1. Obstetrical	8,978
2. Gynecological	3,278

OBSTETRICAL DELIVERIES

Private	1,427
Semi-private	101
Clinic patients	1,277

GYNECOLOGY SURGERY PROCEDURES

1,188

On June 20, 1960, ten senior medical students started their three months' clerkship in the Division. Previously they were only with us for six weeks in their junior and senior years of medical school. This present arrangement seems to be equally advantageous to the students and the hospital. In order to carry on the administrative duties and teaching requirements, we have selected a younger staff member to spend one-half of his time helping with these duties. With the increasing responsibilities, I am sure at least another such man will be required in the coming year.

Constant emphasis is being placed on research and investigation. As our normal complement of residents and fellows is filled with the superior caliber of interns that are now applying for our residencies, this branch of our program will be expanded markedly. At present our House Staff includes: 2 Head Residents; 5 Residents; 3 Interns; and 10 Medical Clerks.

I could not conclude this report without paying tribute to our Obstetrical Supervisor and her assistants. I find that the nursing care on our Obstetrical floors has been of such exceptionally high professional quality that it is a constant source of high praise

from the patients there. Several of our nurses give one night a week to conducting a prenatal class for expectant mothers and fathers. This class is well attended and has been the subject of many enthusiastic comments from all those patients who have availed themselves of it and from the Obstetrical staff.

DIVISION OF PATHOLOGY

GEORGE M. HASS, M.D., *Chairman*

The Division is composed of the Department of Anatomic Pathology, the Department of Microbiology, The Animal Hospital, the Laboratory of Medical Illustration and the School of Medical Technology.

The department of Anatomic Pathology is divided into the following sections: Surgical Pathology, Autopsy Pathology, Neuro-pathology, Physico-chemical Pathology and Chemical Pathology.

12,434 surgical specimens were studied in Surgical Pathology. 743 of these were given a rapid diagnosis during operative procedures. Installation of a teleautograph system has improved the conveyance of the diagnosis to the surgeon at the operating table.

In the section of Autopsy Pathology 571 cases were done last year. A prime essential to proper diagnosis and patient care is the continuous surveillance of diagnosis and treatment by thorough autopsy procedures. It is our desire to supplement our procedures by giving more attention to chemical, virologic and electron microscopic methods.

The section of Special Pathology will be concerned with cytopathology and unusual diseases of bones, eyes, muscles and other special systems or organs. Three scientific disciplines, not generally in use in routine diagnostic pathology, are being developed. The first of these is cytopathology and this involves diagnosis of disease, especially cancer, by recognition of pathologic changes in individual cells. The second of these is radiocytology in which the state of the cell is analyzed by incorporation of radioactive



material in such a way that their location can be defined by methods of detecting radioactive emission. The third of these is electron microscopy. Up to this time, the electron microscope has been primarily a research instrument. In the next five years, it is expected that electron microscopy will find practical applications, especially in the field of cytopathology. It is hoped that the section of Special Pathology can give increasing attention to diseases of the eyes, ears, bones, joints and muscles. A beginning has been made in the study of human muscular diseases. A Muscle Registry (a collection of interesting muscular diseases for teaching purposes), the first in this country, has been formed here.

In the section of Neuropathology, principal attention is given to organic disease of the nervous system and development of quantitative chemical methods to complement microscopic methods of study. Activities in this section are being increased to establish a well-organized research and educational program for training young people interested in neurological diseases.

The principal objective of the new section of Physico-chemical Pathology is the application of microanalytical procedures to the study of relations between disturbed structure and function at a microscopic or subcellular level. Fractionation and isolation of cell particulates with subsequent analysis of enzymatic activities and chemical composition represent the principal methods of approach. The first observations have already found informative application in human disease, especially in connection with elements of skeletal and cardiac muscle responsible for the force of contraction.

The section of Chemical Pathology is concerned principally with animal experimentation and the study of factors which govern the reaction of tissue to injury. Long range studies are concerned with the pathogenesis of arteriosclerosis, factors which regulate growth and regeneration of cells, experimental chemical carcinogenesis and factors which regulate the rejection by an individual of tissues or organs transplanted to it from another individual of the same species. As these studies progress, the findings are brought to bear, whenever indicated, on the solution of the corresponding problem in man.



The Department of Microbiology is divided into three sections: General Bacteriology, Virology and Parasitology.

In the section of General Bacteriology, the principal functions are as follows: the isolation and identification of pathogenic bacteria, the determination of their sensitivity to antibiotic and chemotherapeutic drugs, miscellaneous sero-immunologic tests and tests for pregnancy. In addition to diagnostic procedures, bacteriologic control of sterile procedures in the hospital and detection of contagious or infectious disease among hospitalized patients are major responsibilities. In this connection, all strains of staphylococci isolated from hospital personnel or patients are now subjected to classification by phage typing. During the past year, this method disclosed no epidemics or spread of infections in the hospital caused by any strain of staphylococci. This indication is that of a high degree of in-hospital control of epidemic spread of staphylococcal infections.

In the section of Virology, developed this year, the principal functions are the isolation and identification of pathogenic viruses and the determination of the occurrence of specific virus infections by serological methods. For the first time in this hospital, isolation of several different viruses from patients has been accomplished. It is our opinion that this section should be enlarged to cope with several problems: first, the in-hospital control of spread of virus infections among hospital personnel and patients; second, the identification of viruses which produce epidemics in the Chicago area; and third, to undertake research referable to serious febrile illness which have no recognized cause.

The section of Parasitology has as its principal function the isolation and the identification of parasites. This is important in Chicago because of the incidence of parasitic infections in the immigrant and migrant populations. The detection of these infections is important as a safeguard against their spread throughout the metropolitan area.

At the present time, a section concerned with the isolation and identification of pathogenic fungi is being developed. Most mycotic infections are resistant to modern methods of treatment and with increasingly effective elimination of bacterial infections, the mycotic infections occur more frequently.

The Animal Hospital consists of facilities for the housing, care and use of animals for research and patient diagnostic services. There are two sections. One is concerned principally with the housing and care of animals. This is administered largely by the Division of Pathology with the assistance of a veterinarian. The second section of the Animal Hospital is concerned with animal surgery. This is administered principally by the Division of Surgery and assists in the conduct of animal surgical research, acting as members of operating teams in the development of experimental surgical methods and in carrying out these methods in operations on patients. The Animal Hospital has increased in size by measured steps in the past 15 years. Initially, it was a small unit occupying a few hundred square feet of space and concerned largely with the care of animals used for diagnostic purposes. Now it occupies an area of several thousand square feet and more space is being requested.

The Laboratory of Medical Illustration has three principal functions: first, the supervision and maintenance of instruments used for the projection of film, microscopic slides and lantern slides; second, photography and, third, medical art. Most types of photography are carried out by the laboratory staff. This includes the taking and editing of movies of operative surgical procedures, still photography of patients and surgical specimens, reproduction photography, photomicrography and public relations photographic work. Medical art has consisted largely of line drawings and the preparation of tables or charts for publication in scientific papers or presentation at medical meetings. The staff of this laboratory is working under unsatisfactory conditions due to inadequate space and equipment. Plans have been submitted with the hope that more space can be made available in the present area.

The School of Medical Technology is approved by the American Medical Association for the education of medical technologists in

preparation for examination and registration. Currently, there are 11 students, each provided with a fellowship stipend. All have had at least two years of college education. The curriculum extends over a period of 18 months. The students are given practical laboratory instructions, lectures and reading assignments followed by an examination of each of the laboratory activities. It may be advisable to reduce the formal rotational program to 12 months and allow the last 6 months for specialization. The School has already provided us with several well-trained technicians, very difficult to procure by any other means. The enlarging demands for more laboratory assistance in the diagnosis and treatment of patients and the fact that these demands must be met primarily by medical technologists is a pressing reason for further development of the School of Medical Technology.

Research and educational activities, along with service, are major functions of the Division of Pathology. Formal training of students in the School of Medical Technology has been discussed. In addition there is a complementary program, which includes both the specialized training of technicians and that of medical secretaries. Most of our personnel are trained in this program.

The duration of training for residents in pathology is a maximum of six years, usually preceded by one year of a clinical internship. This program is approved by the American Board of Anatomic Pathology and the American Board of Clinical Pathology. It involves uninterrupted service, research and educational training and is the first vertical six year program developed in this country. In addition to career training of residents in pathology, several residents from other services and departments receive training each year in our laboratories. If it were not for residents, trained and retained here, it would be difficult to maintain an adequate professional Attending Staff in Pathology.

The Division conducts several seminars each week and participates in several conferences of other Divisions. It is our opinion that clinical and scientific staff interest in their particular problems in pathology can best be maintained and encouraged by specialty seminars.

Most of the research of the Division has been carried out by

residents and research technicians. A research program concerned with five subjects has been conducted continuously over the years. The first subject is concerned with the enzymatic chemistry of muscular contraction. The second subject is concerned with the isolation of natural products which regulate the growth of cells. A partial separation of growth-promoting from growth-inhibiting factors in extracts of normal tissues has been made. A study directed toward isolation of comparable factors from experimentally induced cancers of the liver and urinary bladder of animals is being conducted in parallel with a search for cancer-producing chemical compounds in the urine of patients with cancer of the urinary bladder. Another part of this study is concerned with the regulation of regeneration of the liver after chemical injury or partial surgical incision. The third subject is concerned with the cause of athero-arteriosclerosis. Two research plans have been followed. One deals with the problem of cholesterol metabolism and as it bears upon human and experimental disease. The second deals with the experimental production in animals of disease which has the microscopic characteristics of human athero-arteriosclerosis. A fourth subject is concerned with the experimental production of non-traumatic closed focal disease of the brain. Methods of treatment have been evaluated. This is a continuing study oriented toward the treatment of cerebral hemorrhage and edema in man. The fifth subject deals with the analysis of individuality by microscopic study in the reaction of one member of a species to a graft of tissue from another member of the same species. These matters bear upon problems in immunology and genetics, as well as serve as a potential basis for typing of tissues so that grafting from one person to another of a different genetic composition might succeed. More recently, a research program concerned with a search for a viral etiology of miscellaneous fatal febrile diseases of unknown cause has been started.

The future of research in the medical sciences is bound up with the attraction of youth to a research career. Several years ago, we began a resident research training program. This succeeded and we are now developing a research training program for students at secondary school and at college levels. Most students

have remained in the program year after year and have developed an increasing independence as well as originality.

The research and educational program, as outlined, is expensive. The cost is largely from public and private sources. The principal source of public funds is the United States Public Health Service. The principal source of private funds is an annual allocation by the Research and Education Committee of the hospital. Other sources from which we gratefully acknowledge support are as follows: The Muscular Dystrophy Association of America, Inc., The Otho S. A. Sprague Memorial Institute, The Borland Fund, The Cogan Fund, The American Heart Association, The Chicago Heart Association, The Ames Foundation, The Regenstein Foundation, The Rush Fund, The Thompson Fund, through Dr. Norris Heckel, The Leukemia Research Foundation, The Robert Minton Reynolds Memorial Fund, The R. R. Donnelly Foundation, and The Runnels Fund, through Dr. Vernon David. Fellowship funds have been received from the National Institute of Neurologic Diseases and Blindness and The Schweppes Foundation. During the year, two fellowships in Cardiovascular Research have become available through the Albert M. Day Memorial Fund.

DIVISION OF RADIOLOGY AND NUCLEAR MEDICINE

FAY H. SQUIRE, M. D., Chairman

Immediately following the merger of Presbyterian Hospital and St. Luke's Hospital, the Division of Radiology and Nuclear Medicine was overburdened and many problems were encountered. However, now at the end of the first year of combined activity, I am pleased to be able to report that the operation of the Division has been running much more efficiently and the patient flow has greatly improved.





There were 48,696 private patients and 7,937 dispensary patients who received diagnostic x-ray procedures during the past year. This represents 19,050 more patients than the preceding year. A total of 68,023 diagnostic examinations were performed, which is an increase of almost 20,000 examinations.

During the past year, more than 600 cancer patients were treated in the Radiation Therapy Department, as well as consultations and follow-up examinations on other patients. A total of 8,862 radiation treatments were given, which is an increase of 2,601 treatments over the previous year. During the past two years, the Radiation Therapy Department has had an increase of over 5,000 treatments, which reflects the rapid development taking place in this area.

In the Radioisotope Department there were 1,118 clinical procedures and tests performed, which is a gain of 259 over the preceding year. Much of the demand for radioisotopes has been from a research standpoint, as is evidenced by the total number of 3,660 hours and 14,783 samples counted for other departments. Two new clinical tests have been introduced, namely, pancreatic and intestinal function studies with labelled "fats and fatty acids", and the labelled "hippuran" studies of kidney function with particular reference to the blood phase.

The grand total of examinations, treatments, and procedures performed in the Division was 78,003, for an increase of 22,814. This represents approximately a forty percent gain over the previous year. However, it is to be remembered that this is the first full year of combined activity of Presbyterian-St. Luke's Hospital and, therefore, it does not reflect a true percentage of the growth that will follow in the future. With the contemplated expansion of out-patient services, it is possible that we will see a very substantial increase during the next two years.

During the past year, many new clinical procedures were developed and put into general use, and ten basic research projects were undertaken, many of which are still under investigation.

The education program has continued as in the past. Basically it consists of undergraduate courses, x-ray conferences, and an active participation in other major conferences in the hospital. A yearly basic radioactive isotope course is given and in addition this year, a special analog computer course was given. There are weekly house staff radiotherapy conferences and monthly meetings in radiotherapy among the West Side hospitals.

In September of this year, a physicist was appointed to the Radiology staff. His services, as well as the services of the personnel in the Electronic Workshop, are available to all interested departments in the hospital.

The department has a School of X-Ray Technology accredited by the Council on Medical Education of the American Medical Association and by The American Society of X-Ray Technicians. At present there are eighteen students enrolled. These students are taking an active part in the department's operation and we anticipate they will be the future candidates for our permanent technical staff.

Future plans for the development of the Division must include expansion in both the Diagnostic department and the Radiation Therapy department. With the increased patient load anticipated from the new out-patient facilities, plus the normal growth of the department, additional new fluoroscopic rooms, new diagnostic rooms, additional offices for the technical and medical staff, additional waiting areas and dressing rooms, a study room for the residents, and a lounge for the personnel in the department will be needed.

The Radiation Therapy department has more than doubled its patient load during the past two years. In order to meet this growth, a second high-energy unit should be planned.

I wish to express my appreciation to the members of the Professional Staff and Administration for their cooperation and advice and for the confidence they have shown in my staff during this past year.

DIVISION OF NURSING

EDITH D. PAYNE, R.N., *Director*



Nursing Service and Nursing Education at Presbyterian-St. Luke's Hospital have experienced an eventful year.

NURSING SERVICE

Appreciable progress in alleviating the shortage of nursing personnel and improving patient care has been made. In the Division of Nursing much remains to be accomplished; but our constant goal—to give the best possible patient care—seems more attainable than one would have anticipated at the time of the physical merger a year ago.

At that time, shortage of nursing personnel created a critical situation. During this past year this shortage has made extreme demands upon our staff. The Nursing Personnel office, established in June, 1959, has recruited, screened and selected applicants. A number of these employees has been attracted by extensive advertising in professional publications and newspapers. Others were interested by members of our present staff. Effective personnel policies have improved morale and appealed to applicants. Salary increases, instituted in November, 1959, benefited all categories of employees. In an effort to stabilize and enlarge the graduate nurse staff, a bonus plan for graduates of our school was adopted and a generously revised vacation policy instituted for nurses remaining on our staff for three years or longer.

During the summer, applications from graduate nurses increased in number. Eighty-five members of the class graduating in September, 1960 (54% of the class) have joined the nursing department at Presbyterian-St. Luke's Hospital. Graduates from other schools also have been employed. The number of graduate nurses now employed has been increased by 20% over the number employed in the fall of 1959.

The work of the department of Staff Education, which orients

all new personnel and conducts in-service training for all categories except the graduate nurse and the practical nurse, has effected individual and group adjustments. Refresher classes for all but professional nurses have been held. Graduate nurses have been oriented to changing methods, policies and procedures during meetings conducted by Staff Education. Members of this department also have participated in the teaching and orienting of nurse interns to their nursing service responsibilities.

I wish to express my appreciation and that of nursing service personnel to the Board of Trustees, Hospital Administration, Medical Staff and other departments within the hospital for their understanding and cooperation.

NURSING EDUCATION

The Presbyterian-St. Luke's School has experienced the first year in one location and graduated its first class from the new program. The curriculum has progressed satisfactorily. Though minor changes, indicated by experience, have been made each year, no major alterations have been effected.

On September 25, 1959, the first class entered the nurse internship program. On the whole this program has proved gratifying. Nurse interns have been assigned to all tours of duty, and they have assumed responsibility and carried out nursing care well. As had been expected, with a large group of this kind, some have been outstanding, others have had difficulties, but all have met our expectations. The second year of this program, which began on September 26, 1960, should prove even more satisfactory as both nursing service and nursing education personnel have learned much during the first year that will be of value in directing and supervising the performance of the second class of nurse interns.

A most significant aspect of this initial year of nurse internship has been the marked interest of these students in giving patient care. Eighty-five graduates of this class decided to begin their professional careers as members of the nursing department at Presbyterian-St. Luke's Hospital. With the exception of a small percentage, who plan to further their education at a college or university, the entire class of 1960 will be actively engaged in nursing.



In October, 1959, the School was visited by representatives from the National League for Nursing and the Department of Registration and Education of the State of Illinois for purposes of accreditation. Following their visits, both of these agencies granted accreditation. This recognition makes a continuous pattern of national accreditation as well as state accreditation: the Presbyterian School of Nursing was accredited in 1942 and the St. Luke's School in 1941.

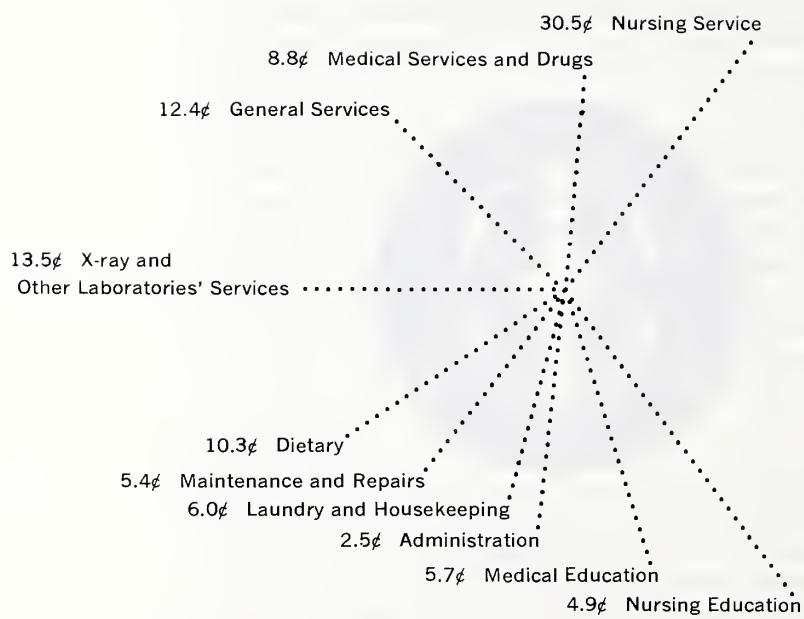
Since the inception of the new curriculum and program in September, 1957, numerous inquiries and requests for information about its purpose and plan have been received. In response to these requests we held two curriculum conferences this past year. The first was attended by representatives from 48 Schools of Nursing in Illinois. The second was given at the request of and for the Executive Committee of the Woman's Board. From the very beginning, the faculty has felt that it is extremely important to evaluate the program. In the summer of 1959, preliminary work was begun to establish controls. This summer, an intensive program was embarked upon with the nurse interns and the junior students. The project has been directed by Dr. Charles Van Buskirk of the University of Iowa, in connection with the hospital Department of Patient Care Research, headed by Dr. Hans O. Mauksch. The findings of this evaluation project will help us to determine how well we have met the objectives of the education program and enable us to visualize and plan for further development. A research grant of \$26,853 has been made by the National Institutes of Health to continue this project.

As of September, 1960, the School of Nursing numbers 126 in the class of 1963; 125 in the class of 1962; 146 students who began their internship on September 25. This total of 397, augmented by 157 nurse interns who completed their experience in September, represent 554 students who chose to obtain their professional education and experience at the Presbyterian-St. Luke's School. It is anticipated that we will be able to accept and enroll

150 students in September, 1961. This class of 1964, like those previously entered, can be carefully selected from a very impressive number of qualified applicants interested in the program and School. Though a majority of our students come from Illinois, a number from other midwestern states enroll. Residents of Hawaii, California, Montana, Idaho, Arizona, and a few from the east complement this interesting and significant geographic distribution.

The students and faculty are to be commended for their considerable achievement in realizing the educational and professional goals they have set. In this effort, they have been helped and heartened by the cooperation and interest of the Board of Trustees, The Woman's Board, Hospital Administration, the Medical Staff, and other departments and employees within the hospital.





HOW EACH PATIENT DOLLAR WAS SPENT

STATISTICS

Bed Capacity (Excluding 74 Bassinets).....	850
Total Admissions.....	<u>26,560</u>
Adult and Pediatric.....	23,789
Newborn.....	2,771
Total Days Care of Patients.....	<u>265,778</u>
General Hospital.....	199,604
Psychiatric.....	18,963
Pediatrics.....	14,610
Maternity—Mothers.....	16,481
Maternity—Newborn and Premature.....	16,120
Percentage of Occupancy (Excluding Newborn).....	80.5%
Autopsies—571: Percentage.....	73.7%
Operations Performed.....	13,209
X-ray Examinations, Treatments and Procedures.....	78,003
Electrocardiograms.....	14,350
Electroencephalograms.....	1,578
Physical Therapy Treatments.....	27,370
Vascular Therapy Treatments.....	354
Basal Metabolisms.....	1,888
Blood Transfusions.....	9,585
Other Laboratory Examinations.....	593,022
CLINIC VISITS	
Cook County Department of Welfare.....	44,617
All Others.....	25,757
Total Visits.....	70,374
Clinic Patients Admitted to Hospital.....	3,914



PRESBYTERIAN-ST. LUKE'S HOSPITAL

BALANCE SHEET

ASSETS

OPERATING FUND:

Cash and U. S. Government securities (\$200,000)	\$ 450,408
Patients' accounts receivable, less reserve of \$260,000 for losses in collection.....	1,250,560
Other receivables.....	135,003
Inventories, at cost.....	262,770
Prepaid expenses.....	27,812
	<u>\$ 2,126,553</u>
Funds held for debt service.....	178,512
Plant assets (Note 1)—	
Land and buildings, at recorded values not in excess of cost, less accumulated depreciation of \$294,203—	
In use.....	\$20,023,517
Held for resale, at estimated realizable value.....	1,500,000
	<u>\$21,523,517</u>
Equipment, at cost, less reserve for depreciation of \$1,373,447.....	2,173,790
	<u>23,697,307</u>
	<u>\$26,002,372</u>

DEVELOPMENT FUND (Note 2):

Construction in process.....	\$ 3,694,527
Funds held for construction.....	562,118
Pledges receivable.....	1,706,403
	<u>\$ 5,963,048</u>

ENDOWMENT AND OTHER FUNDS:

Cash.....	\$ 140,102
Investments, at market value.....	20,925,028
Real estate advances to Operating Fund.....	1,135,244
Other assets.....	<u>269,213</u>

Total all funds..... \$22,469,587
\$54,435,007

AUGUST 31, 1960

LIABILITIES

OPERATING FUND:

Current portion of long-term debt.....	\$ 307,907	
Accounts payable and accrued liabilities.....	<u>897,858</u>	\$ 1,205,765
Long-term debt—		
First Mortgage Serial Bonds (Note 3).....	\$ 5,500,000	
Mortgage note, 6%, payable \$40,000 on October 1, 1960, \$6,000 quarterly thereafter, and balance on October 1, 1961.....	690,000	
Real estate advances from Endowment Fund, 4%, payable in equal monthly installments to August 31, 1996.....	<u>1,135,244</u>	
	\$ 7,325,244	
Less—Current portion shown above.....	<u>307,907</u>	7,017,337
Fund balance, per accompanying statement.....		<u>17,779,270</u>
		<u>\$26,002,372</u>

DEVELOPMENT FUND (Note 2):

Payments due contractors.....	\$ 383,602	
Fund balance, per accompanying statement.....	<u>5,579,446</u>	\$ 5,963,048

ENDOWMENT AND OTHER FUNDS:

Fund balances, per accompanying statement—		
Endowment Funds, invested to produce income for—		
Research and education.....	\$ 4,875,527	
Free patient care, etc.....	4,227,528	
General hospital use.....	<u>7,864,706</u>	\$16,967,761
Expendable Funds, invested to produce income for general hospital use.....		3,096,257
Unexpended Specific Purpose Funds for—		
Research and education—		
Grants from outside sources.....	\$ 474,378	
Other research and education funds.....	<u>1,058,825</u>	
	\$ 1,533,203	
Free patient care, etc.....	<u>358,884</u>	1,892,087
Woman's Board Funds.....		<u>513,482</u>
		<u>\$22,469,587</u>
Total all funds.....		<u>\$54,435,007</u>

The accompanying notes are an integral part of this statement.



PRESBYTERIAN-ST. LUKE'S HOSPITAL

STATEMENT OF CHANGES IN FUND BALANCES

	<u>OPERATING FUND</u>
BALANCES AT AUGUST 31, 1959.....	\$19,043,273
ADDITIONS OR (DEDUCTIONS) FOR THE YEAR:	
Income—	
Net income.....	41,224
Donations and grants.....	—
Allocation of investment income for specific purposes.....	—
Investment income included in Operating Fund net income.....	—
Funds included in Operating Fund net income	
to offset specific purpose costs included therein.....	—
Interfund transfers—	
Appropriations for Development Fund purposes.....	—
Transfer of completed construction.....	1,434,767
Repayment of a portion of prior year	
advances for purchase of real estate.....	(16,811)
Other interfund transfers.....	—
Reduction in carrying value of St. Luke's Hospital	
land and building to estimated realizable value.....	(2,836,630)
Adjustment of prior years' provisions	
for depreciation of equipment.....	113,447
Decreases in market value of pooled investments,	
net of gains realized on sales.....	—
Other transactions, net.....	—
BALANCES AT AUGUST 31, 1960.....	<u>\$17,779,270</u>

FOR THE YEAR ENDED AUGUST 31, 1960

DEVELOPMENT FUND	ENDOWMENT AND OTHER FUNDS			
	ENDOWMENT FUNDS	EXPENDABLE FUNDS	UNEXPENDED SPECIFIC PURPOSE FUNDS	WOMAN'S BOARD FUNDS
\$3,518,433	\$17,194,180	\$2,993,731	\$1,719,231	\$456,049
36,979	583,507	129,697	50,315	133,013
3,259,639	15,253	294,361	1,361,566	2,152
—	(306,611)	—	306,611	—
—	(276,896)	(129,697)	—	—
—	—	—	(1,532,230)	(117,944)
199,162	—	(185,000)	(13,406)	(756)
(1,434,767)	—	—	—	—
—	—	16,811	—	—
—	(53,553)	9,011	—	44,542
—	—	—	—	—
—	—	—	—	—
—	(188,119)	(32,657)	—	(3,391)
—	—	—	—	(183)
<u>\$5,579,446</u>	<u>\$16,967,761</u>	<u>\$3,096,257</u>	<u>\$1,892,087</u>	<u>\$513,482</u>

The accompanying notes are an integral part of this statement.



**STATEMENT OF INCOME AND EXPENSE - OPERATING FUND
FOR THE YEAR ENDED AUGUST 31, 1960**

EXPENSES OF THE COMPLETE HOSPITAL PROGRAM:

Salaries.....	\$ 9,483,575
Supplies.....	2,658,387
Other—	
Depreciation (Note 1)—	
Hospital buildings (\$129,635) and	
equipment.....	\$ 330,900
Employee housing facilities.....	41,248
Heat, light and power.....	372,148
Interest.....	474,678
All other expenses.....	373,349
Total expenses.....	1,719,420
Total expenses.....	<u>\$15,081,557</u>

**THIS PROGRAM WAS FINANCED FROM
THE FOLLOWING SOURCES:**

Income from patients—	
Room and board.....	\$ 6,862,801
Ancillary services.....	6,177,375
Total billings to patients.....	13,040,176
Less—	
Free service.....	\$ 986,883
Provision for bad debts.....	199,165
Income from patients.....	1,186,048
Income from patients.....	<u>\$11,854,128</u>
Cafeteria, tuition and other	
miscellaneous income.....	799,390
Income from endowments (\$406,593)	
and trusts for general purposes.....	436,382
Income from endowments and other	
receipts used for specifically	
designated purposes—	
For research and education.....	\$ 1,130,301
For free patient care.....	200,552
For other hospital purposes.....	201,377
For other hospital purposes.....	1,532,230
University of Illinois.....	60,775
Woman's Board.....	117,944
Donations.....	321,932
Total income.....	<u>\$15,122,781</u>
Net income.....	<u>\$ 41,224</u>

The accompanying notes are an integral part of this statement.

NOTES TO FINANCIAL STATEMENTS

(1) In 1960, the Hospital adopted the policy of providing for depreciation of those Hospital buildings which had been constructed during the current development program at a total cost of \$14,622,000. Such depreciation has been computed on a sinking fund basis which is designed to provide for the replacement of the Hospital's present investment in facilities over a fifty-year period. As in prior years no provision for depreciation was made for other Hospital buildings.

Prior to 1960, depreciation on equipment at the Presbyterian Division of the Hospital was computed in the customary manner, whereas it had been the policy at the St. Luke's Division to charge operations with the cost of equipment additions in lieu of providing depreciation on equipment. In connection with the physical merger of the two divisions, the equipment at the St. Luke's Division was transferred to the Presbyterian Division; accordingly, depreciation was provided on all equipment in the current fiscal year. Service lives on all equipment were extended to fifteen years.

The provision for depreciation of buildings and the change in the amount of equipment on which depreciation has been computed increased the charge to operations by approximately \$200,000 in the current fiscal year.

(2) The Hospital is currently engaged in a development program for the expansion of its plant facilities for which the Board of Trustees has approved the expenditure of approximately \$18,500,000. As of August 31, 1960, approximately \$17,400,000 of this amount has been spent; the balance of the program is scheduled for completion in 1961.

In addition, the Board of Trustees has authorized the construction of a student housing facility for an estimated cost of \$1,225,000. An agency of the Federal government has agreed to purchase \$1,000,000 of bonds secured by a mortgage on the project. The balance of the cost will be appropriated from Expendable Funds.

(3) The Hospital issued \$5,500,000 of First Mortgage Serial Bonds dated September 1, 1958. Payments of interest and principal maturities will approximate \$500,000 per year through September 1, 1973, when the then remaining \$1,767,000 principal balance will become payable. Interest rates on the various maturities vary from 3.75% to 5.35%, and average approximately 5.22% over the term of the issue.

During each fiscal year, the Hospital must allocate toward the payment of principal and interest, that portion of its investment income from Endowment Funds which may be used for general hospital uses and its investment income from Expendable Funds, except that no amount need be allocated which would exceed 1½ times the maximum annual interest on the largest amount of bonds at any time outstanding.

AUDITOR'S CERTIFICATE

To the Board of Trustees,
Presbyterian-St. Luke's Hospital,
Chicago, Illinois.

We have examined the balance sheet of PRESBYTERIAN-ST. LUKE'S HOSPITAL (an Illinois not-for-profit corporation) as of August 31, 1960, and the related statements of income and expense and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In 1960, the Hospital adopted the policy of providing for depreciation of certain Hospital buildings. In addition, certain changes were made in useful lives and the amount of equipment on which depreciation is computed. These changes, which are described more fully in Note 1 to the financial statements, increased operating expenses by approximately \$200,000 in the current fiscal year.

With the above explanation, in our opinion, the accompanying balance sheet and statements of income and expense and changes in fund balances, present fairly the financial position of Presbyterian-St. Luke's Hospital at August 31, 1960, and the results of its operations for the year then ended, and were prepared in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Chicago, Illinois,
October 20, 1960.

ARTHUR ANDERSEN & CO.

THE MEDICAL STAFF

THOMAS J. COOGAN, M.D., *President*



More than one full year has passed since the physical merger of the Staffs of Presbyterian and St. Luke's Hospitals. It has been a year full of adjustments, due to the size of the new hospital and the many complexities which the merger created. The union of the Staffs of two of the largest voluntary teaching hospitals has brought about a situation somewhat unique in the history of this country. Most mergers have involved a stronger and weaker institution, with the stronger institution absorbing the latter. Fortunately, both Staffs asserted leadership of an unusual character. Strong points of these two highly respected institutions were sought after and emphasized. Personal ambitions were relegated to the background and "what is good for the new hospital" became the ambition and the aim of all.

The guiding hand of Dr. George W. Stuppy, the first president of the new hospital Staff, was an inspiration to all. Countless hours spent in committee meetings and an earnest regard for the welfare of all departments made this an outstanding year. As a result, the Staff of the new hospital, at a meeting in May, 1960, voted unanimously to award a certificate and key to both Dr. Stuppy and to Dr. Foster L. McMillan, the last president of St. Luke's Staff, for their untiring efforts in the successful merger of these two professional staffs.

Many of the Staff have devoted long hours after the professional demands of the day had been met, at considerable personal sacrifice to themselves and to their families, toward making this the finest hospital in the Middle West, perhaps in the country. One of the rewarding things coming out of this has been the personal contact with Trustees and Administration. Mutual respect has been created and professional and financial problems have been better understood by all. In the eyes of the Staff the term "Trustee" has ceased to be simply an honorary title bestowed on fine citizens of

the community; instead it has become the symbol of a shirtsleeve job of dedicated citizens. Members of the Staff who have interested some of their public spirited patients and friends in helping the furthering of the hospital hopes and plans must remain anonymous. Nevertheless, it should be said that this has been a significant contribution to the financial help of the hospital. Much remains to be done but with the spirit of mutual understanding cooperation and help, the job will be done.

With the combining of these two Staffs, great depth of professional talent has been created in various departments. All are teachers and many are interested in both basic and clinical research. The affiliation with the University of Illinois College of Medicine has become much stronger during the year. A very large share of teaching in the College of Medicine has been carried on by members of the Presbyterian-St. Luke's Staff. Dean Granville A. Bennett has spent many hours in conference with officers and committees of the hospital in helping strengthen the relationship between the university and the hospital, to the mutual benefit of both.

During the year we have been saddened by the death of former Staff members. Drs. Michael H. Ebert, Arthur E. Elliott and William E. Cubbins, all old respected members of the previous hospitals, have passed away. Resignations have been received from those who have moved to different cities or to different hospitals, or who have retired. These have included Drs. Isidor Rochlin, Cornelius Vander Laan, Don E. Murray, A. Wilson Smith, Sjoerd A. Bonting, Marjorie C. Meehan, Earl H. Merz, Frederick C. Bauer, Richard E. Trueheart, C. Bruce Taylor, Helen C. Hayden, Frederick L. Phillips, and John L. Lindquist. Additions to the Staff during the year 1959 to 1960 are as follows: Drs. Magnus H. Agustsson, Robert W. Alexander, C. Clyde Anderson, Orville T. Bailey, William C. Brennan, Richard A. Buckingham, Marianne P. Budzeika, Alfonso Diaz, Peter J. Farago, David C. Garron, John B. Griffin, James A. Hunter, Frank L. Hussey, Jr., Harold A. Kaminsky, Frances E. Knock, Francis L. Lederer, Victor M. LoPriore, James H. McClure, Frank J. Milloy, R. J. Overstreet, Max Sadove, Vasil Truchly, Paul L. Winter and Mr. William Waldrop.

During the year 1959-1960 the number of interns in our institution was 26, externs, 12, and residents, 104. Also, many medical students from the University of Illinois were trained during the current year. Commencing with July 1, 1960 our intern staff was increased to 35, and our resident staff numbered 103. In addition to this, Teaching Fellows in various departments helped strengthen our teaching program.

A significant step toward our 10-year development plan has been realized with the opening of the Jelke Memorial Building and the Staff is looking forward to the completion of our ultimate master plan for a new Presbyterian-St. Luke's Hospital.

Men and women, not brick and mortar, make a hospital. However, a judicious mixture of the finest professional medical people in the country and the finest buildings in the Middle West cannot fail to create a magnificent patient-care, teaching and research hospital . . . the aim of all of us at the new Presbyterian-St. Luke's Hospital.

MEDICAL STAFF (*September 1, 1960*)

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(Medicine)

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William Waldrop, M.A.

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Psychology Section

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Chief

SENIOR PSYCHOLOGIST

David I. Cheifetz, Ph.D.

ASSISTANT PSYCHOLOGIST

David C. Garron, Ph.D.

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(from July 1, 1960)



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MRS. FENTRESS OTT
President

THE WOMAN'S BOARD

At the conclusion of the first year of the new Woman's Board of Presbyterian-St. Luke's Hospital I am sure every member wishes me to express our great appreciation to the Governing Board for their splendid achievement in setting up such a remarkably workable structure in by-laws for this Board to follow. As a result, the entire membership from the onset indicated an unanimity of purpose in giving generously of their time and talents in order to make this Board truly productive and able to serve the new medical center to the fullest. The Board can be proud of its first year's effort.

Twelve of the Board's twenty-eight committees are concerned directly with service to the hospital. These services supply the extras to our hospital atmosphere which we feel a woman's board is uniquely qualified to provide and support. We believe these extra services add warmth to our great institution and comfort to our patients and visitors. Board members have given great interest and tremendous hours of capable volunteer service to the work of these committees. The chairmen, vice-chairmen and committee members have carried out their duties with remarkable efficiency and devotion.

During this year thirteen Episcopal Churches were welcomed to Board membership. These Churches, added to the forty-three member Presbyterian Churches, make a present total of fifty-six member Churches. There are five Church committees. They are so grouped because from the work of these committees a line of communication is established between the Churches and the Church women of The Chicago Presbytery and The Chicago Episcopal Diocese. We are proud and grateful that through the untiring work of these committees this hospital has many faithful friends and loyal supporters.

Due to unfailing efficiency, talents and hard work of the Fund Raising and Fashion Show Committees, \$119,246.80 was turned over to the hospital for free care, children's care, clinic equipment, the General Purpose Fund, hospital furnishings, nursing educa-

tion and scholarships, the Volunteer Department and Patients' Library.

On behalf of the entire Board, I would like to express my deep gratitude to the Administrative Staff and the Board of Trustees for the very real support, encouragement and cooperation which they have given this new Woman's Board.

OFFICERS OF THE WOMAN'S BOARD -1960-1961

<i>President</i>	MRS. FENTRESS OTT
<i>Assistants to the President</i>	MRS. WILLIAM S. COVINGTON <i>Coordinator</i>
	MRS. ANTHONY L. MICHEL <i>Head of the Finance Committee</i>
<i>1st Vice President</i>	MRS. GEORGE S. CHAPPELL, JR.
<i>Vice Presidents</i>	MRS. E. HALL TAYLOR
	MRS. PAUL W. OLIVER
	MRS. JEFFREY R. SHORT, JR.
	MRS. STANLEY D. WHITFORD
<i>Recording Secretary</i>	MRS. E. HOWARD TEICHEN
<i>Assistant Recording Secretary</i>	MRS. JAMES G. COE
<i>Corresponding Secretary</i>	MRS. ALLYN D. WARREN
<i>Assistant Corresponding Secretary</i>	MRS. HERBERT P. McLAUGHLIN
<i>Treasurer</i>	MRS. JOHN FRED VICKREY
<i>Assistant Treasurers</i>	MRS. JOHN V. FARWELL <i>for Fashion Show</i>
	MRS. F. RICHARD MEYER III <i>for Fund Raising Committees</i>

MRS. WILLIAM H. HIGHSTONE
President



THE MEDICAL STAFF AUXILIARY

In September, 1959, the Medical Staff Auxiliary of Presbyterian-St. Luke's Hospital was formed by uniting two similar organizations of doctors' wives from Presbyterian and St. Luke's Hospitals. The first president of the new group was Mrs. Fred Shapiro and vice president, Mrs. Eugene A. Edwards.

The purpose of our organization, which has a membership of 227, is not fund-raising but one of service to the hospital and, in particular, to the medical interns and resident doctors. Last July, with the cooperation of the Departments of Food Service and Public Relations, a welcoming buffet supper was given for the new House Staff and their wives. Because of the apparent success of this affair, we would like to make it one of our annual activities.

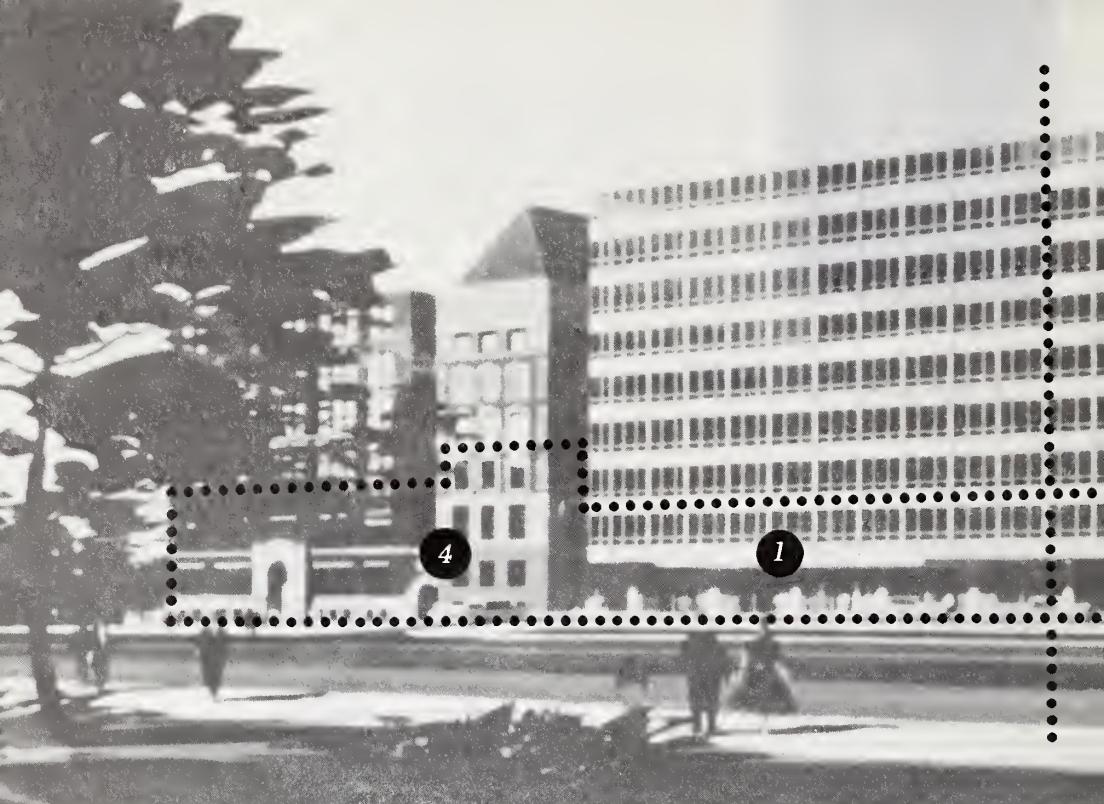
During the past year, some monies were raised by continuing the fund-raising projects of the parent organizations. A "Cookie Sale," the ninth such affair for the Presbyterian Hospital group, was held in December; and a "Fun for Funds" Dinner Dance, the seventh for the St. Luke's group, was held in May. With these funds and other monies on hand, we were very pleased to be able to contribute \$4,000 for improved lighting and air-conditioning in the Rush Medical Library.

We are proud of the 2,878 total hours of volunteer service our members have given—serving in the Gift Shop and Tea Room and as guides and hostesses for the many medical meetings now held in the hospital's A. B. Dick Lecture Room.

We are indebted to the members of the past Board for their patience and tenacity toward achieving a well integrated group. We are ready at all times to cooperate with The Woman's Board, of which we are an Auxiliary, and with the Hospital Management in any service they may feel will promote the welfare of Presbyterian-St. Luke's Hospital.

OFFICERS OF THE MEDICAL STAFF AUXILIARY-1960-1961

<i>President</i>	MRS. WILLIAM H. HIGHSTONE
<i>Vice President</i>	MRS. WILLIAM F. HUGHES
<i>2nd Vice President</i>	MRS. CHARLES V. HECK
<i>Recording Secretary</i>	MRS. EDWIN N. IRONS
<i>Co-Corresponding Secretaries</i>	MRS. ARTHUR E. DIGGS MRS. THOMAS D. HALL
<i>Treasurer</i>	MRS. THEOPHIL P. GRAUER
<i>Assistant Treasurer</i>	MRS. RUSSELL C. HANSELMAN
<i>Members-at-Large</i>	MRS. EGBERT H. FELL MRS. JOHN H. PRIBBLE



THE NEXT STAGE . . . Through generous new gifts,
at least the first two floors of the center portion of
the 15-story block-long building can now be con-
structed adjacent to the Jelke Memorial Building.
These two floors plus the first two floors of the Jelke



Building and existing facilities in the Senn and Rawson buildings⁴ will provide the type of out-patient department and clinic facilities essential to a large teaching hospital's educational program and to its vital role in the community.

Presbyterian-St. Luke's Hospital is the only private voluntary hospital in the world's largest medical center dependent for its support on the people of Chicago and the midwest whom it serves.

THE LIVING MEMORIAL

A gift to Presbyterian-St. Luke's Hospital can be a living memorial to the person or organization you designate.

In the hospital's new East Pavilion and Jelke Memorial Buildings there are a number of areas available to those who wish to establish a Living Memorial.

Under Federal Tax laws you may deduct up to 30% of your adjusted gross income on a gift to the hospital.

FORMS OF BEQUEST

The following forms of bequests of personal property and devises of real property may be used by anyone interested in benefiting the hospital by thoughtful consideration in their Will:

1. "I bequeath to Presbyterian-St. Luke's Hospital, an Illinois not-for-profit corporation, the sum of \$..... for its general purposes."
2. "I give, devise and bequeath to Presbyterian-St. Luke's Hospital, an Illinois not-for-profit corporation, for its general purposes the following described property:"

OUR MAJOR GOAL . . . "to provide the very best in patient care and attain a position of preeminence as a medical center not only in the Chicago area but in the medical community at large while, at the same time, not losing identification as a top ranking community hospital."



PRESBYTERIAN-ST. LUKE'S HOSPITAL
1753 WEST CONGRESS PARKWAY
CHICAGO 12, ILLINOIS

